



MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

Thursday, December 17, 2020

Minutes

Chairman Pollak called the meeting to order at 1:07 p.m.

Commissioners present via telephone: Bhandari, Boyer, Boyle, Brahmhatt, Doordan, Metz, O’Grady, Rymer, Sergent, Thomas, and Wang

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Wang made a motion to approve the minutes of the November 19, 2020 public meeting by teleconference of the Commission. The motion was seconded by Commissioner Bhandari and unanimously approved.

AGENDA ITEM 2.

Update of Activities

Ben Steffen, Executive Director, reported that Chairman Pollak previously presented on the vaccine rollout to Commissioners. Mr. Steffen then reported on the current surge for COVID 19. Mr. Steffen stated that the seven-day positivity rate is about 7.7% and that three (3) counties in western Maryland had positivity levels above 12%. He further reported that the average was about the same for the large metro area of Baltimore and Washington DC, and that there were some higher surges on the eastern shore in Somerset and Cecil counties.

Mr. Steffen stated that Maryland hospitalizations were above the levels experienced in late April and early May. He stated that 22 percent of COVID patients in the ICU were lower than in the spring which averaged 30 percent. He further stated that Maryland continues to see an overall hospital utilization of about 85-87 percent. This is around 7,000 of the 8,200 staffed beds that are currently occupied. Maryland hospitals have trip wires when 7,000, 8,000, and 9,000 beds are occupied.

Additionally, Mr. Steffen reported on the vaccine rollout that will begin on Monday. The focus will be exclusively on the Phase 1-A population, which is health care workers in front lines positions and

residents of long-term care facilities. The MHCC staff is attentive to opportunities to play a more active role raising awareness about the COVID-19 vaccines and reducing vaccine hesitancy.

Mr. Steffen related that MHCC staff is working closely with the Maryland Health Benefit Exchange (MHBE) where he serves on the MHBE Board. The MHBE open enrollment ended on December 15th, and to date there are 166,000 enrollees up from 158,000 in 2020. The increase from last year is about 4.5 percent. Enrollment in insurance coverage through MHBE is at an all time high.

Lastly, Mr. Steffen announced that Megan Renfrew, Chief of Government Affairs and Special Projects, has taken a position with the Health Services Cost Review Commission and that Tracey DeShields will assume the Legislative duties and act as Chief of Policy Development.

David Sharp, Director, Center for Health Information Technology and Innovative Care Delivery, provided an update on the Maryland Primary Care Program (MDPCP) Track 3 development. Staff said that the Center for Medicare & Medicaid Innovations had requested a Track 3 Policy Framework (framework) by the end of December that closely aligns with the federal Primary Care First (PCF) alternative payment model. The framework provides a foundation for building an advanced primary care model in which practices that are ready can receive additional funding for taking on greater performance risk. Staff overviewed key components of the framework, the role of the MDPCP Advisory Council (council) in developing the framework, and its role in the council.

Theresa Lee, Director for the Center for Quality Measurement and Reporting, reported that the Maryland State law authorizes MHCC to designate for a five-year period a Patient Safety Center (PSC) to develop, coordinate and implement patient safety initiatives across the state. In December 2019, the Commission published a Request for Expression of Interest (RFI) to determine if there were other organizations interested in this designation. The RFI specified that the designated PSC must align its programs with state priorities including the objectives of the Total Cost of Care Model; the Health Department's Diabetes Action Plan and emphasized the need to engage non-hospital providers. The Maryland Patient Safety Center, Inc. (MPSC) responded to the RFI and was re-designated for another five-year period in April 2020.

The MPSC submitted their first six-month progress report for Commission review. Ms. Lee provided background information on this initiative and noted that the report demonstrates good progress in meeting agreed upon goals and priorities. She also noted that Commissioner Marcia Boyle has been added to the MPSC Board of Directors. Representatives from the MPSC will be invited to appear before the Commission at the January Public Meeting.

Eileen Fleck, Chief, Acute Care Policy and Planning, reported that progress continues for updating of the State Health Plan chapter for acute psychiatric hospital services. Draft regulations for acute psychiatric hospital services were posted for informal comment on December 17, 2020. She noted that the comment period would be approximately four weeks, and comments are due by January 15, 2021. The announcement is available through a link on the home page for MHCC, under Quick Links, by clicking on the link titled, Regulations and Request for Public Comments.

AGENDA ITEM 3.

ACTIONS: Confirmation Docket – Emergency Certificates of Need

Commissioners received the two Emergency Certificates of Need (CON) that were issued by Ben Steffen, as well as the underlying applications and the recommendations from OHCQ that each Emergency CON application should be approved. The documents were posted on the Commission’s website and the Commission voted on both emergency CON’s separately.

A. Confirmation of approved Emergency Certificate of Need – LifeBridge Sinai Hospital of Baltimore, Inc – Establishment of 24 Swing Beds for Lower Acuity Inpatients or Subacute Patients Awaiting Transfer to Comprehensive Care Facilities (Docket No. EM-H20-24-037)

This emergency CON, issued by Ben Steffen, established 24 Swing Beds for Lower Acuity Inpatients or Subacute Patients Awaiting Transfer to Comprehensive Care Facilities.

Commissioner Boyer made a motion to adopt staff’s recommendation and award LifeBridge Sinai Hospital of Baltimore, Inc. an Emergency CON, which was seconded by Commissioner Boyle and unanimously approved.

ACTION: Emergency Certificate of Need – LifeBridge Sinai Hospital of Baltimore, Inc is hereby APPROVED.

B. Confirmation of approved Emergency Certificate of Need – University of Maryland Medical Center - Establishment of 16 Intensive Care Unit Beds in Two Modular Units (Docket No. EM-H20-24-038)

Chairman Pollak noted that he would recuse himself from Agenda Items 3B and 4A and that Vice Chair Sergeant would chair this this part of the meeting.

The next emergency CON that was issued by the Executive Director was to establish 16 ICU beds in two modular units.

Commissioner Boyle made a motion to adopt staff’s recommendation and award University of Maryland Medical Center an Emergency CON, which was seconded by Commissioner O’Grady and unanimously approved.

ACTION: Emergency Certificate of Need – University of Maryland Medical Center is hereby APPROVED.

AGENDA ITEM 4.

ACTIONS: Certificates of Ongoing Performance – Percutaneous Coronary Intervention Services

Mary-Ann Dogo-Isonagie, Program Manager in the Division of Acute Care Policy & Planning provided the staff reports for the Certificate of Ongoing Performance applications of the University of Maryland Saint Joseph Medical Center and Sinai Hospital.

A. University of Maryland Saint Joseph Medical Center (Docket No. 19-03-CP023)

Chairman Pollak also recused himself from this Agenda item and Vice Chair Sergent chaired the subsequent part of the meeting.

Ms. Dogo-Isonagie presented a slide with an overview of the standards for a Certificate of Ongoing Performance for percutaneous coronary intervention services (PCI), and she noted that the standards are different for programs providing both elective and primary PCI services and those providing only primary PCI services. The standards also differ for programs with and without cardiac surgery on site.

Ms. Dogo-Isonagie summarized University of Maryland Saint Joseph Medical Center compliance with key standards. Ms. Dogo-Isonagie recommended that the Commission find that all standards have been met by University of Maryland Saint Joseph Medical Center and approve the Certificate of Ongoing Performance for University of Maryland Saint Joseph Medical Center to continue providing elective and primary PCI services for four years.

Commissioner O’Grady stated that at the last Commission meeting, a condition was added to the Certificate of Ongoing Performance action items, and he suggested that the same condition be included for University of Maryland Saint Joseph Medical Center. Specifically, the condition required formal follow-up regarding the participation and tracking of staff attendance at interventional case review meetings. Ms. Dogo-Isonagie explained that University of Maryland Saint Joseph Medical Center complied with the relevant standard and did not require any additional follow-up. She also noted that MHCC staff will continue to monitor compliance with the standard for all hospitals. Commissioner O’Grady agreed that a condition was not necessary. The Commission approved staff’s recommendation to grant University of Maryland Saint Joseph Medical Center a Certificate of Ongoing Performance for PCI services for four years.

Commissioner Thomas made a motion to adopt staff’s recommendation and award University of Maryland Saint Joseph Medical Center a Certificate of Ongoing Performance, which was seconded by Commissioner Bhandari and unanimously approved.

ACTION: Certificate of Ongoing Performance - Percutaneous Coronary Intervention (PCI) Services – University of Maryland Saint Joseph Medical Center is hereby APPROVED.

Chairman Pollak returned to chair the rest of the agenda items.

B. Sinai Hospital (Docket No. 19-24-CP020)

Ms. Dogo-Isonagie reviewed Sinai's compliance with key standards. She noted that the hospital did not include technicians in interventional case review meetings prior to 2019 because the hospital wanted the Peer Review Committee to focus on physician-specific care issues. She added that in 2019, the hospital established a forum for case review that includes technicians and meets monthly. Ms. Dogo-Isonagie recommended that the Commission find that all standards have been met by Sinai and approve the Certificate of Ongoing Performance for Sinai to continue providing elective and primary PCI services for four years with the condition that Sinai shall track attendance at meetings with interventional case review and on or before November 30, 2021, submit attendance lists to Commission staff documenting that technicians for primary PCI patients participated in case review, as required in COMAR 10.24.17.07D(5)(a).

Commissioner O'Grady inquired about the six cases that were identified as rarely appropriate through the external review process. Ms. Dogo-Isonagie responded that the hospital followed up on all six cases and provided details on the course of action to evaluate each case. Jill Love, Cardiovascular Service Line Director from Sinai, added that Sinai developed an internal case review forum to closely analyze practice trends that may have impacted quality of care and patient safety for all the cases that were rated to be rarely appropriate, and it was determined there was no additional need for further action based on the reviews and findings.

Commissioner Doordan questioned MHCC staff's decision to recommend that the Commission find that a hospital with partial compliance still meets a given standard. He suggested that instead of concluding that a hospital meets a standard, the conclusion should be that a hospital needs improvement. Ms. Dogo-Isonagie clarified that a condition is included to ensure that the hospital complies with the given standard moving forward, and that staff will revisit the rating system and consider his suggestion. Eileen Fleck added that wording used by staff recognizes that a hospital has not been fully compliant with a standard, and that including a condition when a hospital has not fully complied with a standard allows a hospital to continue operating without taking an extreme action (e.g., denying a Certificate of Ongoing Performance and the opportunity to continue providing PCI services). Chairman Pollak added that the Commission can provide a hospital with the opportunity to course correct through the imposition of a condition on the approval.

The Commission approved staff's recommendation to grant Sinai a Certificate of Ongoing Performance for PCI services for four years, with a condition that the hospital track attendance for meetings with interventional case review and report back by November 30, 2021.

Commissioner Doordan made a motion to approve the Certificate of Ongoing Performance, which was seconded by Commissioner O'Grady.

ACTION: Certificate of Ongoing Performance - Percutaneous Coronary Intervention (PCI) Services – Sinai Hospital is hereby APPROVED.

AGENDA ITEM 5

ACTION: Maryland Trauma Physician Services Fund FY2020

Mr. Richard Proctor, Chief Operating Officer, presented an overview of the Fiscal Year 2020 Maryland Trauma Physician Fund Report. The annual report meets the reporting requirement set forth in Health-General 19-130(e) that directs the Commission and the Health Services Cost Review Commission to report annually to the Maryland General Assembly on the status of the Fund. Mr. Proctor addressed follow up questions.

Commissioner Boyer asked for a notation to be inserted in the Payment to Practices for Uncompensated Trauma Care section on page 7 of the report. The Commission voted in the affirmative to forward the report to Maryland General Assembly with requested notation.

Commissioner Doordan made a motion to amend and approve the Release of Annual Report-Maryland Trauma Physicians Services Fund FY2020, which was seconded by Commissioner Bhandari and unanimously approved.

ACTION: Annual Report-Maryland Trauma Physicians Services Fund FY2020 to be forwarded to the General Assembly is hereby APPROVED.

AGENDA ITEM 6.

ACTION: Certificate of Need- Request for Modification by Gilchrist Hospice Care, Inc and Joseph Richey House, Inc. (Docket No.: 17-24-2412)

Moira Lawson, Program Manager and CON Analyst, stated that Gilchrist Hospice Care, Inc. and Joseph Richey House, Inc. requested a project change after CON approval (modification) of a CON granted in July 2017 to authorize an increase of the total allowable project costs from \$10,328,950 to \$13,886,102. Ms. Lawson stated that Gilchrist attributes the cost increase to the fact that the original cost estimates were made without the benefit of final architectural design; a proposed 20% increase in square footage (from 22,000 to 26,500) to provide shell space to accommodate a future increase in bed capacity; and additional site work necessitated by an unanticipated amount of clay at the site.

Ms. Lawson stated that because there are no material changes occurring either in the location, capacity, or nature of the project, staff concludes that this requested modification does not change the need for the project or its impact on existing providers, consistent with the Commission's prior findings in the initial CON review. She added that the cost increase will not result in higher costs for the Medicare and Medicaid programs, and that the applicant will cover the additional cost with philanthropy and additional grant funding from the State.

For these reasons, Ms. Lawson stated that the staff recommends that the Commission approve the proposed changes to the CON issued to – Gilchrist Hospice Care, Inc. and Joseph Richey House, Inc., to construct a 22-bed hospice facility (Docket No. 17-24-2412) and issue a Modified CON.

Commissioner Boyle made a motion to adopt staff's recommendation and award Gilchrist Hospice Care, Inc and Joseph Richey House, Inc. a CON, which was seconded by Commissioner Boyer and unanimously approved.

ACTION: Certificate of Need - Gilchrist Hospice Care, Inc and Joseph Richey House, Inc. is hereby APPROVED.

AGENDA ITEM 7.

PRESENTATION: Legislative Process

Megan Renfrew provided an overview of the 2021 legislative process. The presentation focused on the role of the Commission during the 2021 legislative session. Ms. Renfrew stated that during the legislative session, Commissioners primary roles are the following: participate in MHCC policy phone calls with Commissioners to review bills related to MHCC's mission and/or stated priorities or statutory responsibility, discuss the position MHCC will take on bills from January-March, participate in weekly conference calls, and provide support to MHCC staff on legislative relations.

Ms. Renfrew further stated that during the 2021 General Assembly the priorities are: the budget; education funding; police reform; and COVID-19 response. Due to COVID restrictions, the 2021 session will be different from previous years. The General Assembly will host virtual committee briefings and hearings and will livestream floor sessions. In addition, floor sessions will be limited to two hours, the weekly schedule will be condensed, and members are strongly encouraged to limit the number of bills introduced. As a result, voting sessions will likely be short and bills aimed at addressing issues outside of these priority areas may face more difficulty in the approval process during the current legislative session.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 8.

PRESENTATION: Update on the Redesign of the Healthcare Quality Reports Consumer Website

Courtney Carta, Chief of Hospital Quality Initiatives, presented an update on the redesign of the Maryland Quality Reporting website. She provided an overview of the mission, mandates, and data sources used for public reporting. Ms. Carta also gave a demonstration of the website where she presented a scenario in which a consumer may use the site to search for and compare nursing homes. Ms. Carta gave a thorough demonstration of how a user could navigate the site to find detailed information. She also described new features of the website and identified priority areas and next steps. The site is expected to launch in early 2021.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 9.

Overview of Upcoming Activities

Mr. Steffen stated that the January Commission meeting will consist of the progress of the Maryland Patient Safety Center, the first legislative update, a few certificates of Ongoing Performances for PCI, a presentation on the Primary Care Model template, and an update on the Telehealth Policy Workgroup.

AGENDA ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:33 p.m. upon motion of Commissioner Boyer, which was seconded by Commissioner Boyle and unanimously approved.